

# HER2 VALIDATION STUDIES REQUISITION FORM

v.12/07

## INSTITUTION INFORMATION

Institution Name & Address \_\_\_\_\_

Phone: \_\_\_\_\_ FAX \_\_\_\_\_

Ordering Physician \_\_\_\_\_

## THIS SECTION FOR PHENOPATH USE ONLY

**HER2**

## STUDIES DESIRED

Run HER2 FISH

## SPECIMEN INFORMATION

Specimen(s) **have been** fixed in **formalin** for >6 and <48 hours (*verify fixation requirement*)

Other fixation time or fixative (specify): \_\_\_\_\_

Specimen ID	Block # / sublabel	Tissue Source(s)	Specimen ID	Block # / sublabel	Tissue Source(s)
1. _____	_____	_____	14. _____	_____	_____
2. _____	_____	_____	15. _____	_____	_____
3. _____	_____	_____	16. _____	_____	_____
4. _____	_____	_____	17. _____	_____	_____
5. _____	_____	_____	18. _____	_____	_____
6. _____	_____	_____	19. _____	_____	_____
7. _____	_____	_____	20. _____	_____	_____
8. _____	_____	_____	21. _____	_____	_____
9. _____	_____	_____	22. _____	_____	_____
10. _____	_____	_____	23. _____	_____	_____
11. _____	_____	_____	24. _____	_____	_____
12. _____	_____	_____	25. _____	_____	_____
13. _____	_____	_____			

Notes:

## BILLING INFORMATION

**BILL:**  Institution (prior billing arrangements must be made in advance)

Name of person completing form: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Send me more:  HER2 Validation Req Forms  Airbills  PhenoBoxes  Other \_\_\_\_\_